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FORM VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

CERTIFICATE OF REGISTRATION



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

VA 1-077-005



EFFECTIVE DATE OF REGISTRATION

Month 12 Day 21 Year 00

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States of America

NATURE OF THIS WORK ▼ See instructions

HEELIFT INSTRUCTION GUIDE

HEELIFT INSTRUCTION GUIDE

PREVIOUS OR ALTERNATIVE TITLES ▼

Publication as a Contribution if this work was published as a contribution to a periodical, serial, or collection, give information about the collective in which the contribution appeared.

Title of Collective Work

If published in a periodical or serial give Volume ▼

Number ▼

Issue Date ▼

2

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼**a** DM Systems, Inc.

Was this contribution to the work a "work made for hire"?

 Yes
 No

Author's Nationality or Domicile

Name of Country

OR Citizen of ► USA
Domiciled in ► EvanstonWas This Author's Contribution to the Work
Anonymous? Yes No
Pseudonymous? Yes No
If the answer to either of these questions is "Yes," see detailed instructions.**NOTE**

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Check appropriate box(es). See instructions

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

 Yes
 No

Author's Nationality or Domicile

Name of Country

OR Citizen of ►
Domiciled in ►Was This Author's Contribution to the Work
Anonymous? Yes No
Pseudonymous? Yes No
If the answer to either of these questions is "Yes," see detailed instructions.**3**

Year In Which Creation of This Work Was Completed

1999

This information must be given

Date and Nation of First Publication of This Particular Work

Month ► September Day 1

Year 1999

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.

DM Systems, Inc.

1316 Sherman Avenue

Evanston, Illinois 60201

See instructions before completing this space

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give brief statement of how the claimant(s) obtained ownership of the copyright.

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EXAMINED BY *[Signature]*

FORM VA

CHECKED BY

CORRESPONDENCE
Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box)
- a. This is the first published edition of a work previously registered in unpublished form.
 - b. This is the first application submitted by this author as copyright claimant.
 - c. This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give: Previous Registration Number

Year of Registration

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates

- b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.

See instructions
before completing
this space

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▼ Account Number ▼

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP

P. Stephen Fardy
Swanson, Martin & Bell
One IBM Plaza, Suite 2900
Chicago, Illinois 60611

Area code and daytime telephone number ► (312) 923-8247

Fax number

(312) 321-0990

Email ► sfardy@smbtrials.com

CERTIFICATION I, the undersigned, hereby certify that I am the

check only one ►

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of DM Systems, Inc.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date If this application gives a date of publication in space 3, do not sign and submit it before that date.

P. Stephen Fardy

Date (2/11/00)

Handwritten signature(X) ▼



Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼	P. Stephen Fardy Swanson, Martin & Bell
Number/Street/Apt ▼	One IBM Plaza, Suite 2900
City/State/ZIP ▼	Chicago, Illinois 60611

YOU MUST:

- Complete all necessary spaces
- Sign your application in space 8

SEND ALL 3 ELEMENTS
IN THE SAME PACKAGE:

1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material

MAIL TO:

Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

17 U.S.C. § 506(e). Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

June 1999 100,000

PRINTED ON RECYCLED PAPER

U.S. GOVERNMENT PRINTING OFFICE 1999-454-879/71

READ ME FIRST!

Application & Fitting Guide

Heelift® and Heelift® Smooth Suspension Boots

Heelift and Heelift Smooth Suspension Boots are medical devices designed for use as an adjunct to heel pressure prevention and treatment regimens.

Additional indications for the use of Heelift Boots include: malleolar decubitus, foot drop, flaccid paralysis (nonspastic), hip fractures (pre- and post-op) and skin grafts.

In order for Heelift Boots to offer optimal heel pressure relief, it is imperative that the boot is applied and fitted properly. It is mandatory that Heelift Suspension Boots be removed every 8-12 hours to check for ischemia or discoloration.

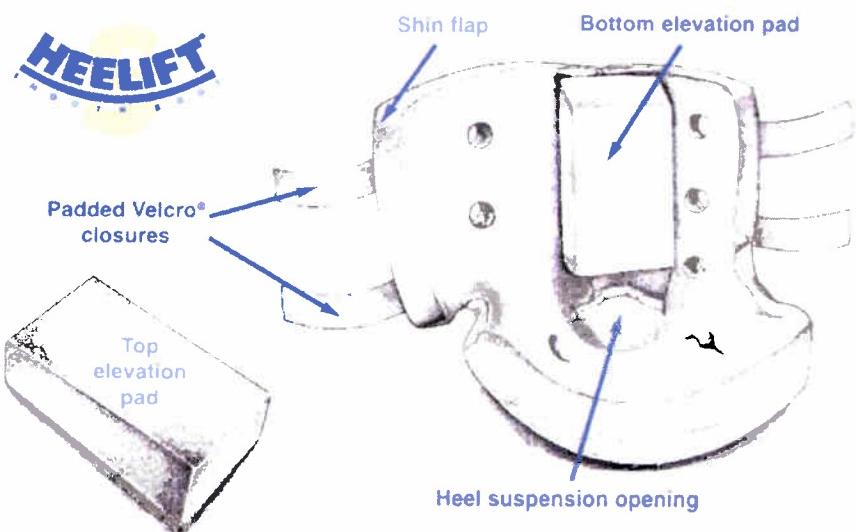
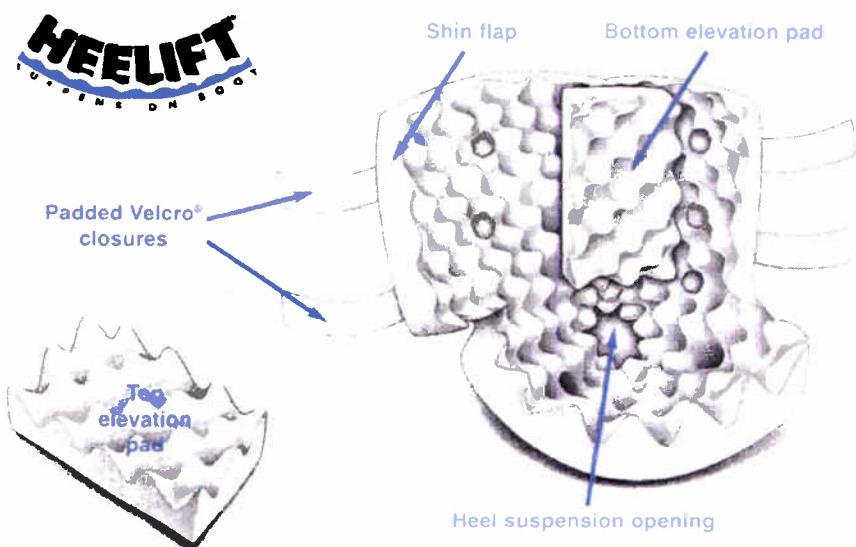
Since both products are designed to provide a secure, custom fit, you should have no trouble greatly reducing movement of the foot and lower leg.

However, if you need further assistance, contact a Heelift customer support representative by calling:

1-800-254-5438

NOTE: Heelift Smooth Boot offers all of the benefits of original Heelift but features a smooth interior foam surface specifically designed for patients suffering from edema.

As application and fitting instructions are identical for both products, the following four-step process applies to either product.



**STEP
1**

Open up Heelift or Heelift Smooth Boot so that the Velcro® closures and the shin flap are pulled away from the boot as shown above. Set the loose elevation pad aside.

Continued on back



STEP 2 Place patient's foot inside the boot with the heel positioned above the heel suspension opening, as illustrated above. The patient's heel should hang out over the bottom elevation pad.

To accommodate larger or smaller feet, this pad either may be detached and moved forward or backwards, or trimmed to allow more or less space for the heel.

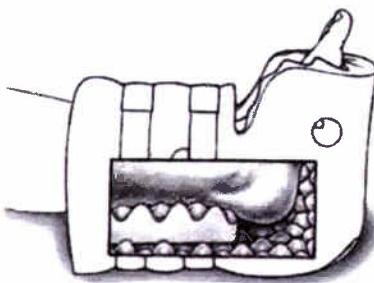
Care of Heelift and Heelift Smooth Boots:

When Heelift becomes soiled, hand washing with cool water and a mild cleanser is recommended.

Machine washing the boot in a standard, not industrial, washer is an acceptable alternative to hand washing. The Velcro® straps should be closed and placed into a inner laundry bag prior to machine washing. Machine washing may degrade adhesive.

STEP 3 Pull the shin flap by the Velcro® closures to the left, over the shin. Hold the closures down while pulling the left-hand Velcro® closures to the right. Then secure the two sets of closures together.

IMPORTANT!
The padded closures fasten together over the shin-not the foot, a common error.



STEP 4 Test for proper fit by trying to move the boot with the patient's foot resting in it.

If there appears to be significant movement, then remove the foot and place the loose top elevation pad on top of the bottom elevation pad. (Do not pull off the paper strip that is on the bottom side of the loose elevation pad.) If the addition of the top elevation pad results in a better fit, adhere the pad to the bottom elevation pad by peeling off the paper exposing the adhesive.

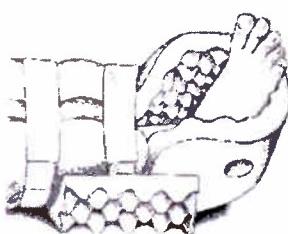
If the size of the patient prevents the heel from suspending out beyond the bottom elevation pad, then the bottom elevation pad may be repositioned or trimmed to create a larger space between the pad and the heel suspension opening.

Visit our web site for tips on customizing Heelift to your patient.
www.heelift.com

Application for Additional Uses

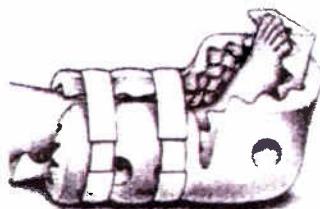
Hip Fractures

To prevent external rotation as in hip fractures, secure the loose pad to the outer side of Heelift or Heelift Smooth Boot as shown at right.



Foot Drop

To prevent foot drop, secure the loose elevation pad in a vertical position behind the sole of the foot as illustrated.



DM Systems, Inc.
1316 Sherman Ave. • Evanston, IL 60201
Tel: 800-254-5438 • Fax: 847-328-9561
info@dmsystems.com • www.heelift.com



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